



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Sherri Gehlhausen

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Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$40316945
Outpatient Patient Service Revenue	\$184816047
Total Gross Patient Service Revenue	\$225132992

2. Deductions From Revenue

Contractual Allowance	\$126763714
Other Deductions	\$1770658
Total Deductions	\$128534372

3. Total Operating Revenue

Net Patient Service Revenue	\$96598620
Other Operating Revenue	\$8858237
Total Operating Revenue	\$105456857

4. Operating Expenses

Salaries and Wages	\$38562343	Employee Benefits	\$10798802
Depreciation and Amortization	\$4100744	Interest Expense	\$788175
Bad Debt	\$10470644	Other Expenses	\$44100169
Total Operating Expenses	\$108820877		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3364020	Total Assets	\$127951835
Net Non-operating Gains over Loss	\$539608	Total Liabilities	\$58089142

Total Net Gains	\$-2824412
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$94798513	\$62087271	\$32711242
Medicaid	\$42537670	\$23897324	\$18640346
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$87796809	\$42549777	\$45247032
Total	\$225132992	\$128534372	\$96598620

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$937002	\$-937002

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$116599	\$-116599
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$7646	\$-7646

Number of Medical Professionals Trained	203
Number of Hospital Patients Educated	114736
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement
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Hospital Charity Charges	\$1770658
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$529030	
HCI Payments	\$0		
Subtotal	\$0	\$529030	\$-529030
Medicaid Shortfalls	\$12484977	\$12911476	
Subtotal	\$12484977	\$13440506	\$-955529
DSH Payments	\$1,612,935		
Subtotal	\$14097912	\$13440506	\$657406
Medicare Shortfalls	\$20401695	\$28332778	
Other Government Programs	\$0	\$0	
Total	\$34499607	\$41773284	\$-7273677

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$659188	\$-659188
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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